

## HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

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Email: ethics@honolulu.gov

Website: http://www.honolulu.gov/ethics/

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HONDLULU ETHICS COMMISSION RECEIVED

91-14-19

2019 REGISTRATION 19 JAN -8 P2 51

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST					
NAME (Last) (First) (Middle)					
Slovin, Gary M.					
LOBBYIST FIRM/EMPLOYER (If applicable)		TELEPHONE			
SanHi Government Strategies, a Limited Liability Law Partnership		808-533-4945			
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-533-4945			
999 Bishop St, Suite 1400		EMAIL gslovin@awlaw.c	om		
(City) Honolulu	(State) HI	(Zip Code) 96813			
PART II.A ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
Alliance of Automobile Manufacturers		202-326-5500			
MAILING ADDRESS (No. and Street or P.O. Box)		FAX			
803 7th St, N.W., Suite 300		EMAIL			
(City) Washington	(State) D.C.	(Zip Code) 20001			
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)					
12		☐ Not Applicable			
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS					
			☐ Not Applicable		
PART II.B NO LONGER LOBBYING					
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A DATE					

NOTE: This is a public document.

PART INDESCRIPTION O	OF SUID IECTS	ON WHICH	LIVOU EVEET TO LOCATE		
Business & Economic	OF SUBJECTS ON WHICH		H YOU EXPECT TO LOBBY		
Development	□Community Services		☐Customer Services		
□ Culture & Arts	□Housing		□Public Works, Infrastructure & Sustainability		
□Parks & Recreation	□Public Health, Safety & Welfare		□Tourism		
<b>▼</b> ransportation	□Zoning & Planning		☐ Specific Legislation: ☐ Additional Sheet(s) Attached  Bill No. (Year)		
	□ Zoning & Flanning		Bill No(Year) Reso No Admin. Rule No Dept		
ther (indicate below):					
PART IV LOBBYIST CERTIFICATION					
I hereby certify that the foregoing statements are true and correct.  January 8, 2019  DATE  DATE		By:  NOTARY OF My COMP	Subscribed and sworn to before me  This Sold day of January, 2019.  By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ROMINISTER DATHS  Uilani R. Souga  My commission expires:  March 24, 2020		
PART V AUTHORIZATION TO LOBBY					
NAME TITLE OF AUT REPRESENTE		RESENTED Pri	Principal		
NAME OF ORGANIZATION (if applicable) MultiState Associates, Inc.		161	TELEPHONE 703-684-1110		
MAILING ADDRESS (No. and Street or P.O Box)		FAX			
515 King St, Suite 300		EMA	EMAIL		
(City) Alexandria	(State) VA		Code) 22315		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
(Signature of Authorizing Officer or Person Represented) (Date)					

(Date)